

POSITION	ID NO.	DATE
CLASSIFIER	10	1/24/95
EXAMINER	300	3/29/95
TYPIST	350	2/9
VERIFIER	350/2-10350	02/13/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Final Original	Date
1	9/9/95	
2		4/27/95
3		11/8/95
4		1/24/95
5	5	4/4/95
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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